

Category	Item	Score
1. General Information	1.1. Name	
	1.2. Age	
	1.3. Sex	
	1.4. Education	
	1.5. Occupation	
	1.6. Marital Status	
	1.7. Religion	
	1.8. Ethnicity	
	1.9. Address	
	1.10. Contact Information	
2. Personal History	2.1. Birth Date	
	2.2. Birth Place	
	2.3. Family History	
	2.4. Medical History	
	2.5. Surgical History	
	2.6. Allergies	
	2.7. Current Medications	
	2.8. Previous Hospitalizations	
	2.9. Social History	
	2.10. Substance Use	
3. Physical Examination	3.1. General Appearance	
	3.2. Vital Signs	
	3.3. Head and Neck	
	3.4. Chest	
	3.5. Abdomen	
	3.6. Extremities	
	3.7. Skin	
	3.8. Neurological	
	3.9. Psychological	
	3.10. Laboratory Tests	
4. Diagnostic Findings	4.1. X-ray	
	4.2. Ultrasound	
	4.3. CT Scan	
	4.4. MRI	
	4.5. Blood Tests	
	4.6. Urine Tests	
	4.7. Stool Tests	
	4.8. Sputum Tests	
	4.9. ECG	
	4.10. Other	
5. Treatment Plan	5.1. Medications	
	5.2. Surgery	
	5.3. Physical Therapy	
	5.4. Occupational Therapy	
	5.5. Speech Therapy	
	5.6. Psychological Counseling	
	5.7. Diet and Nutrition	
	5.8. Lifestyle Changes	
	5.9. Follow-up	
	5.10. Discharge Instructions	

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2815

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INTERFERENCE SEARCHED			
Class	Subclass	Date	Examiner
257	296, 623, 757, 758, 760	3-4-04	BJL

[illegible]